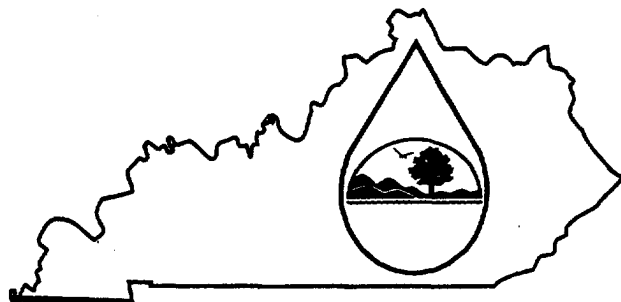


KPDES FORM 1



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

2004 JUL 29 P 12:35

PERMIT APPLICATION

DIVISION OF WATER

This is an application to: (check one)

- ☐ Apply for a new permit.
☒ Apply for reissuance of expiring permit.
☐ Apply for a construction permit.
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Short Form C

For additional information contact:

KPDES Branch (502) 564-3410

*no \$ needed
pub*

I. FACILITY LOCATION AND CONTACT INFORMATION		AGENCY USE		0	0	5	5	6	5	4
A. Name of business, municipality, company, etc. requesting permit Paducah Airport Corporation										
B. Facility Name and Location						C. Facility Owner/Mailing Address				
Facility Location Name: (1) Waste water treatment plant (2) Aviation fuel storage area						Owner Name: Paducah Airport Corporation, agent for the City of Paducah & county pf McCracken.				
Facility Location Address (i.e. street, road, etc.): (1) 2835 Fisher Road (2) 100 Hardy Roberts Drive						Mailing Street: P. O. Box 1131				
Facility Location City, State, Zip Code: West Paducah, KY 42086						Mailing City, State, Zip Code: Paducah, KY 42002-1131				
						Telephone Number: (270) 744-0521				

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc:

- (1) Sanitary discharge from waste water treatment plant.
(2) Two outfalls of storm water from the confines of two retainage areas surrounding aviation fuel storage tanks located above ground.

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code & Description: 2911	Publically owned airport.		
Other SIC Codes: 4582			

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)

B. County where facility is located: McCracken		City where facility is located (if applicable): N/A	
C. Body of water receiving discharge: Unnamed fork of Massac Creek.			
D. Facility Site Latitude (degrees, minutes, seconds): (1) 88°45'30" (2) 88°46'29"		Facility Site Longitude (degrees, minutes, seconds): (1) 37°02'32" (2) 37°04'06"	
E. Method used to obtain latitude & longitude (see instructions):		Topo map coordinates	
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable): 070828850			

IV. OWNER/OPERATOR INFORMATION**A. Type of Ownership:**☒ Publicly Owned ☐ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned**B. Operator Contact Information (See instructions)**

Name of Treatment Plant Operator:

Kevin Bailey

Telephone Number:

(270) 444-8543

Operator Mailing Address (Street):

307 Ball Park Loop

Operator Mailing Address (City, State, Zip Code):

Ledbetter, KY 42058

Is the operator also the owner?

Yes ☐ No ☒

Is the operator certified? If yes, list certification class and number below.

Yes ☒ No ☐

Certification Class:

Class IV

Certification Number:

12766

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number:

KY0055654

Issue Date of Current Permit:

June 1, 2000

Expiration Date of Current Permit:

January 31, 2005

Number of Times Permit Reissued:

4

Date of Original Permit Issuance:

February 1, 1981

Sludge Disposal Permit Number:

N/A

Kentucky DOW Operational Permit #:

N/A

Kentucky DSMRE Permit Number(s):

N/A

C. Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	N/A	N/A
Solid or Special Waste	N/A	N/A
Hazardous Waste - Registration or Permit	N/A	N/A

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). The information in this section serves to specifically identify the department, office or individual you designate as responsible for submitting DMR forms to the Division of Water.

A. Name of department, office or official submitting DMRs:

Richard R. Roof/Airport Manager

B. Address where DMR forms are to be sent. (Complete only if address is different from mailing address in Section I.)

DMR Mailing Name:

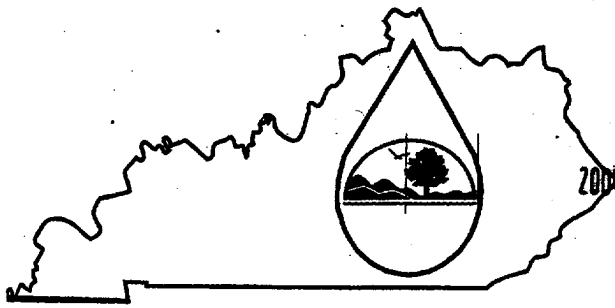
DMR Mailing Street:

DMR Mailing City, State, Zip Code:

DMR Official Telephone Number:

KPDES FORM SC

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM



2004 JUL 29 P 12:36

PERMIT APPLICATION

DIVISION OF WATER

A complete application consists of this form and Form 1.
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY: Barkley Regional Airport: (1) Waste water treatment plant, (2) Fuel storage outfalls

I. FACILITY DISCHARGE FREQUENCY

AGENCY
USE

A. Do discharge(s) occur all year? Yes ☒ No ☐
(Complete Item IX for intermittent discharges.)

B. How many days per week? (1) Daily, (2) As required depending on rainfall.

II. A. Give the basis of design for sizing of the wastewater facility (see instructions):

#1 - Population of employees and visitors.

#2 - The aviation fuel storage containment system is designed to contain 110% of the volume of the tank (20,000 gallons).

B. If new discharger, indicate anticipated discharge date:

C. Indicate the design capacity of the treatment system:

#1 -.01MGD #2 - 22,000 gal. each.

III. Outfall Location (see instructions)

Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
#1 1	88	45	30	37	02	32	Unnammed fork of Massac Creek.
#2 2&3	88	46	29	37	04	06	Adjacent level ground
Method used to obtain latitude/longitude (i.e. GPS unit, USGS topographic map coordinates, etc.)				Topo Map			

IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)

If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
#1	Sanitary	7,500 GPD	BOD, PH, TSS, F/C, DO	1-A, 1-H, 1-L, 1-J,
				2-E, 3-A, 5-B, 5-F
#2, #3	Release of collected storm	22,000 gal	None	
	water in fuel storage	max. cap.		
	containment system.	each pit.		

V. Check the type(s) of wastewater discharged.

- #1 ☒ Domestic (60% or more sanitary sewage) ☐ Oil field waste
☐ Noncontact cooling water #2 & #3 ☒ Other (list): Storm water

VI. Does all water used at facility (except for human consumption) flow to a treatment plant? ☒ Yes ☐ No**VII. Discharge to other than surface waters. Check appropriate location:**

- ☐ Publicly-owned lake or impoundment Name of lake:
☐ Publicly-owned treatment works (POTW). Name of POTW:
☐ Land application of Effluent
☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well
☒ Closed Circuit (Check appropriate term) ☐ Holding tank; ☒ Mechanical evaporation; ☐ Waste impoundment

VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).

<input type="checkbox"/>	Antimony	
<input type="checkbox"/>	Arsenic	
<input type="checkbox"/>	Beryllium	
<input type="checkbox"/>	Cadmium	
<input type="checkbox"/>	Chromium	

<input type="checkbox"/>	Copper	
<input type="checkbox"/>	Lead	
<input type="checkbox"/>	Mercury	
<input type="checkbox"/>	Nickel	
<input type="checkbox"/>	Selenium	

<input type="checkbox"/>	Silver	
<input type="checkbox"/>	Thallium	
<input type="checkbox"/>	Zinc	
<input type="checkbox"/>		
<input type="checkbox"/>		

IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)

A. Number of bypass points:	None	(If bypass points are indicated, information below must be completed for each bypass.)
-----------------------------	------	--

Check when bypass occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of bypass incidents	per year	per year
Give average duration of bypass	hours	hours
Give average volume per incident	1,000 gallons	1,000 gallons
Give reason why bypass occurs:		

B. Number of Overflow Points: (If discharge is from an overflow point, the information below must be completed.)

Check when overflow occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of overflow incidents:	per year	per year
Give average duration of overflow:	hours	hours
Give average volume per incident:	1,000 gallons	1,000 gallons

C. Number of seasonal discharge points

None

Give the number of times discharge occurs per year	
Give the average volume per discharge occurrence	(1,000 gallons)
Give the average duration of each discharge	(days)
List month(s) when the discharge occurs	

X. AREA SERVED (see instructions)

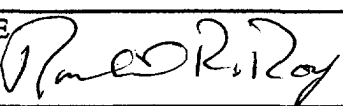
NAME	ACTUAL POPULATION SERVED
Barkley Regional Airport	350
TOTAL POPULATION SERVED	350

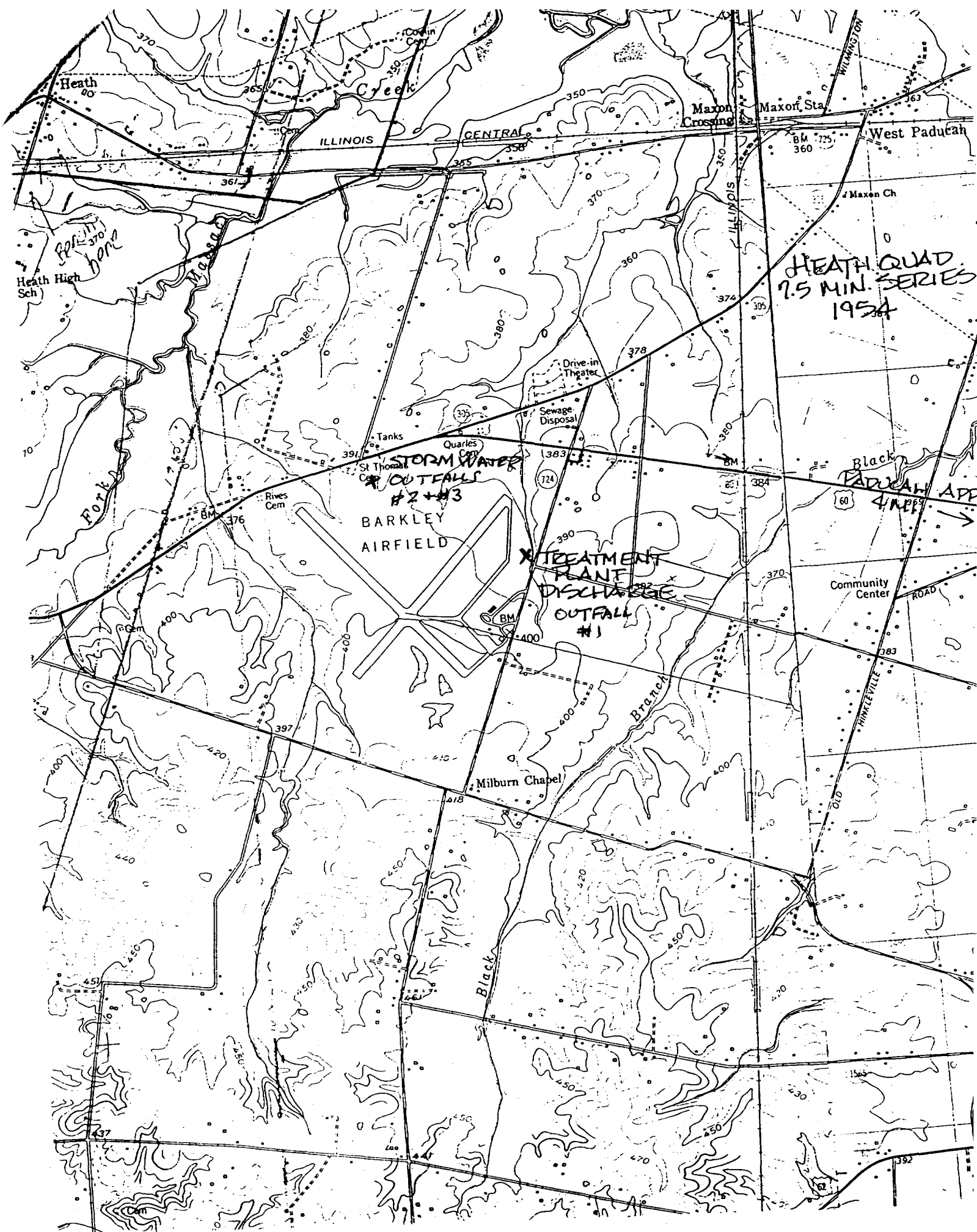
(PLEASE COMPLETE THIS PAGE IF OTHER THAN DOMESTIC WASTEWATER IS DISCHARGED)

XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS		
Additive	Composition	Concentration (mg/l)
N/A		

XII. EFFLUENT CHARACTERISTICS			
A. Indicate results of analysis for pollutants listed below.			
POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD ₅ #1 only	14mg/l	5 mg/l	12
TOTAL SUSPENDED SOLIDS #1 only	25 mg/l	16 mg/l	12
FECAL COLIFORM #1 only	10	10	10
TOTAL RESIDUAL CHLORINE			
OIL AND GREASE #2 & #3	2 mg/l	2 mg/l	8
CHEMICAL OXYGEN DEMAND #1 only	7.3 mg/l	7.2 mg/l	12
TOTAL ORGANIC CARBON			
AMMONIA #1 only	21 mg/l	6 mg/l	12
DISCHARGE FLOW #1 only		.07 MGPD	12
#2 & #3	.0002 mgpd		8
#1 only	7.4	6.9	12
PH #2 & #3	9.4	8.8	8
TEMPERATURE (WINTER)	17.0C	14.1C	3
TEMPERATURE (SUMMER)	29.1C	22.2C	3

B. Frequency and duration of flow:	#1 - Daily - .007 mgpd #2 & #3 - irregular depending on stormwater collection.
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XIII. CERTIFICATION	
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	
NAME AND OFFICIAL TITLE (type or print): Richard R. Roof/Airport Manager	TELEPHONE NUMBER (area code and number): (270) 744-0521
SIGNATURE 	DATE July 27, 2004



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4 APP

Paducah Airport Corporation

Richard Roof, Airport Manager



July 27, 2004

**Division of Water, KPDES Branch
Inventory & Data Management Section
Frankfort Office Park
14 Reilly Road
Frankfort, KY 40601**

RE: Renewal: KPDES No. KY0055654

Our permit renewal includes, as in previous applications, two outfalls from aviation fuel storage tank containment enclosures. We drain as required after taking samples from each enclosure for testing, but the draining is irregular as it depends on rainfall and stormwater is drained on level ground next to the fuel farm facility where it evaporates.

Outflows from these outfalls, designated # 2 and #3 on our current permit, are not treated unless there is a contamination problem with oil, grease or aviation fuel. We have not experienced any such contamination in the past.

We would like to speak with the permit writer about several of the permit effluent characteristics in our current permit. Such communication was recommended by the previous permit writer. Our problem lies in the Total Suspended Solids (TSS) and Hardness limits. The sole TSS matter is vegetation, primarily leaf materials, blown into the containment areas. We have no way of controlling the amount of vegetation so accumulating. We do not often meet or exceed the limit, but we would encourage possibly raising the limit for TSS.

We also have no way of treating any Hardness factors and wonder why this limitation is in the permit.

Sincerely,

**Richard Roof
Airport Manager**